

*[Handwritten mark]*

CLAIMS ONLY								Application Number 101784842		Filing Date			
								Applicant(s)					
								* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend		
101		/						/ 51					
102		/						/ 52					
103		/						/ 53					
104		/						/ 54					
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107		/						/ 57					
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111		/						/ 61					
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147								/ 97					
148								/ 98					
149								/ 99					
150								200					
Total Indep	3							Total Indep					
Total Depend	17							Total Depend					
Total Claims	20							Total Claims					

# CLAIMS ONLY

Application Number

161 784842

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total						
Indep						
Depend						
Total						
Claims						

\* May be used for additional claims or amendments

	Indep		Depend		Indep		Depend	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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